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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. C-3407/1/US First Inventor Gao. P., et al. Title Pharmaceutical Composition Having Reduced Tendency, etc.

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. EJ809798213US Assistant Commissioner for Pate APPLICATION ELEMENTS ADDRESS TO: Box Patent Application See MPEP chapter 600 concerning utility patent application contents. Washington, D.C. 20231 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table o (Submit an original, and a duplicate for fee processing) Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submissi 2. See 37 CFR 1.27. (if applicable, all necessary) Computer Readable Form (CRF) a. Specification 3. ITotal Pages 69 (preferred arrangement set forth below) Specification Sequence Listing on: b - Descriptive title of the invention CD-ROM or CD-R (2 copies); or Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D ii. 🔲 paper Reference to sequence listing, a table, or a computer program listing appendix Statements verifying identity of above copies C. - Background of the Invention - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) - Detailed Description 9. Assignment Papers (cover sheet & document(s)) Claim(s) 37 CFR 3.73(b) Statement - Abstract of the Disclosure 10. Power of Attorney (when there is an assignee) English Translation Document (if applicable) Drawing(s) (35 U.S.C. 113) [Total Sheets Copies of IDS Information Disclosure 12. Statement (IDS)/PTO-1449 Citations [Total Pages 5. Oath or Declaration 13. Preliminary Amendment Newly executed (original or copy) Return Receipt Postcard (MPEP 503) 14. (Should be specifically itemized) Copy from a prior application (37 CFR 1.63(d)) b. Certified Copy of Priority Document(s) (for continuation/divisional with Box 18 completed) 15 (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Request and Certification under 35 U.S.C. 122 16 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR or its equivalent. 1.63(d)(2) and 1.33(b). 17. Other: 6 Application Data Sheet. See 37 CFR 1.76 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, 18. or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Group / Art Unit For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. CORRESPONDENCE ADDRESS Correspondence address below Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Pharmacia Corporation Name Patent Department 800 N. Lindbergh Boulevard-04E Address City St. Louis State MO Zip Code 63167 Country USA Telephone 314-694-6812 Fax 314-694-9095 Name (Print/Туре) James C. Forbes Registration No. (Attorney/Agent) 39,457

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Date

January 15, 2002

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Signature

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## FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** 

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Complete if Known				
Application Number	To be assigned			
Filing Date	January 15, 2002			
First Named Inventor	Gao, P., et al.			
Examiner Name	To be assigned			
Group Art Unit	To be assigned			
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SUBMITTED BY								Complete (i	if applicable)		
Name (Print/Type)	James	C. Forbes			ation No //Agent)	D	39,457	Telephone	8	347-581-609	0
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SUBMITTED BY	1	Complete (if applicable)			
Name (Print/Type)	James C. Forbes	Registration No. (Attorney/Agent)	39,457	Telephone	847-581-6090
Signature	James C Larbe			Date	January 15, 2002

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